	Defbert Hosemann SECRETARY OF STATE
Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
Special Election	ECEIVE
Name of Committee OEY Hood	JAN 0 5 2011
Address 12795 Huy 371 N Marietta MS 38856	Campaign Finance
Telephone 662-87/-2929 Fax	Secretary of State
Treasurer Cory Hood Email electrocyhood @ ymail com	
Check here if above is different from previous report	
TYPE OF REPORT	
	Man datase
January 4, 2011 Pre-Election Report (January 1, 2010, through January 1, 2011)	mandatory
January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011)	
January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010)	Mandatory
	red to terminate ting obligations
IMPORTANT	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In s shall submit a report indicating "0" (Zero) for total amount of reported contributions and expend	<del>-</del>
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in acc	cordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reports by 5:00	orting day, if the deadline
falls on a weekend of a holiday, the office must be in actual receipt of the required	00 p.m. on the first working
falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:0 day before the deadline. Faxed reports are acceptable.	00 p.m. on the first working
falls on a weekend or a holiday, the office must be in actual receipt of did required to day before the deadline. Faxed reports are acceptable.	
falls on a weekend of a holiday, the office must be in actual receipt of the required	
falls on a weekend or a holiday, the office must be in actual receipt of distributions and day before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTIONS AND DISBURSEMENT	TS Calendar Year-To-Date
falls on a weekend or a holiday, the office must be in actual receipt of distributions and acceptable.  REPORTED CONTRIBUTIONS AND DISBURSEMENT  Itemized + Non-itemized = This Period	TS Calendar
falls on a weekend or a holiday, the office must be in actual receipt of distributions and day before the deadline. Faxed reports are acceptable.  REPORTED CONTRIBUTIONS AND DISBURSEMENT litemized + Non-itemized = This Period  Total amount of contributions \$ 1300. ** /700. ** 3000. **  Total amount of disbursements \$ 2500. ** ** **  Total amount of cash on hand \$ 500. **	Calendar Year-To-Date \$ 3,000.00
rotal amount of disbursements \$ 2500. 2 *\$ \$ 2,500. 2	Calendar Year-To-Date  \$ 3000.00  \$ 2500.00

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1439 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Corporation   PAC   Individual   Loan   Date   (Mo., Day, Year)   Treating this period   PAC   Individual   Loan   Date   (Mo., Day, Year)   Treating this period   PAC   Individual   Loan   PAC   Individual   Loan   PAC   Individual   Loan   PAC   PAC   Individual   Loan   PAC   PAC   Individual   Loan   PAC   PAC   Individual   Loan   PAC   PA	lame of Candidate or Committee	Page	01
Source:   Corporation   PAC   Individual   Loan   Date   Receipt		_	
Source:   Corporation   PAC   Individual   Loan   L	ITEMIZED RECEIP	TS	
Italian			receipt
Tailing Address		12 1 1 10	\$ 300.00
Aggregate year-to-date    Corporation   PAC   Individual   Loan		_1_1_	
Source   Corporation   PAC   Individual   Loan   Date receipt this period	City, State, Zip Code		\$
Date   Corporation   PAC   Individual   Loan   Date   Conformation   PAC   PAC   Individual   Loan   Date   Conformation   PAC   Individual   Loan   Date   Conformation   PAC   PAC   Individual   Loan   Date   Conformation   PAC   P	lame of Employer (Required)		\$
a. Source:   Corporation   PAC   Individual   Loan	Occupation (Required)		\$
Mailing Address  Marken Mark Suiff  Mailing Address  Marken MS  City, State, Zip Code  Name of Employer (Required)  C. Source: Corporation PAC Individual Loan  City, State, Zip Code  Mailing Address  Marken MS  City, State, Zip Code  Mailing Address  Date (Mo., Day, Year)  Mailing Address  Date (Mo., Day, Year)  Scity, State, Zip Code  Name of Employer (Required)  City, State, Zip Code  Date (Mo., Day, Year)  Mailing Address  Marken MS  City, State, Zip Code  Date (Mo., Day, Year)  Mailing Address  Marken MS  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  MS  MS  MS  MS  MS  MS  MS  MS  MS	3. 30di 45. 11 447 p. 1-1-1-1	100,000	receipt
Name of Employer (Required)  C. Source: Corporation PAC Individual Loan  Other (please specify)  Mailing Address  Date (Mo., Day, Year)  City, State, Zip Code  Name of Employer (Required)  Date (Mo., Day, Year)  Mautichia MS  City, State, Zip Code  Date (Mo., Day, Year)  Socretary State, Zip Code  Date (Mo., Day, Year)  Aggregate year-to-date  Aggregate year-to-date  Aggregate year-to-date  Socretary Science (Mo., Day, Year)  Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name Sak Sciency Soc.  Mailing Address  Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing M		12110110	\$ 250.00
Name of Employer (Required)  C. Source: Corporation PAC Individual Loan  Other (please specify)  Mailing Address  Date (Mo., Day, Year)  City, State, Zip Code  Name of Employer (Required)  Date (Mo., Day, Year)  Mautichia MS  City, State, Zip Code  Date (Mo., Day, Year)  Socretary State, Zip Code  Date (Mo., Day, Year)  Aggregate year-to-date  Aggregate year-to-date  Aggregate year-to-date  Socretary Science (Mo., Day, Year)  Date (Mo., Day, Year)  Aggregate year-to-date  Date (Mo., Day, Year)  Full name Sak Sciency Soc.  Mailing Address  Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing M	Mailing Address	_'_'_	
Name of Employer (Required)  Occupation (Required)  C. Source:   Corporation   PAC   Individual   Loan   Loan   Loan   Date receipt this period    Full name   Philip   Sandra   Marin   12   251   10   \$ 250 - 92    Mailing Address   MS   III   \$   Sandra   Sandra	City, State, Zip Code		\$
Occupation (Required)  C. Source:    Corporation    PAC    Individual    Loan    Date (Mo., Day, Year)    This period    PAC    Individual    Loan    Date (Mo., Day, Year)    This period    PAC    Individual    Loan    S    Soc. 92    Soc. 92    Soc. 92    Soc. 92    Soc. 93    Soc. 94    Soc. 95    Soc. 95	Name of Employer (Required)	11	\$
C. Source:    Corporation    PAC    Individual    Loan    Date (Mo., Day, Year)    Treceipt this period    PAC    Individual    Loan    Date (Mo., Day, Year)    Treceipt this period    PAC    Individual    Loan    Date (Mo., Day, Year)    Treceipt this period    PAC    Individual    Loan    Date (Mo., Day, Year)    Treceipt this period    PAC    Individual    Loan    Date (Mo., Day, Year)    Treceipt this period    Treceipt this perio	Occupation (Required)	Aggregate year-to-date	\$
Full name Philip & Sandra Marlin  Mailing Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Name of Employer (Required)  Coccupation (Required)  Description   PAC   Individual   Loan	C. Source. D Corporation 5 1115		
Mailing Address  City, State, Zip Code		12 1251 10	\$ 250.92
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan   Date   receipt   this period    Full name   SAR   Security   Two.   Mailing Address   1835   Commerce   Street   Green   The street   Street   The street   Street   Green   The street   Street   The street	Mailing Address 4 + 1: MS	_'_'_	
Name of Employer (Required)  Occupation (Required)  D. Source: Corporation   PAC   Individual   Loan   Date receipt (Mo., Day, Year)   This period    Full name Safe Security Inc.   12   5   10   \$ 500. 9    Mailing Address   1835 Commerce Street Greeneds   MS   3890   -1     \$    City, Stata, Zip Code   Code	City, State, Zip Code		\$
D. Source: Corporation   PAC   Individual   Loan   Date receipt this period    Full name SAR Security Inc.   12   5   10   \$ 500.   2  Mailing Address   1835 Commerce Street Grands   MS 3890   -1   \$   \$   \$   \$   \$   \$   \$   \$   \$	Name of Employer (Required)		\$
D. Source: Corporation   PAC   Individual   Loan   Date   receipt this period    Full name SAR Security Inc.   12   5   10   \$ 500. ©  Mailing Address   1835 Commerce Street Greened   MS 3890   -1   \$    City, State, Zip Code   City   State   City   State   City   State   City   Ci	Occupation (Required)		\$
Full name Safe Security Inc.  Mailing Address  1835 Commerce Street Granda, MS 3890/!! \$  City, State, Zip Code!! \$	D. Source: * Corporation   1 / AS		
Mailing Address  1835 Commerce Street Grenda, MS 3890/   City, State, Zip Code \$	Full name C C C . I -1	12 15 170	\$ 500.00
City, State, Zip Code	Mailing Address	_'_'_	\$
Name of Employer (Required)/ \$	1835 Chimerete Nat Chamber		\$
	Name of Employer (Required)	_'_'_	\$
Occupation (Required)  Aggregate year-to-date	Occupation (Required)	Aggregate year-to-date	\$

	/ //	Page of
Name of Candidate or Committee	( JoEy I dood	
Reporting period /-1-10	through 1=HI	

## ITEMIZED DISBURSEMENTS

MTS Safety Products	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 150 2nd of Belmant, MS 38877	12/15/10	s 2250.00
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
B. Full name Browline Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Beaucylle MS	11/15/10	s 250.00
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S